

*All Saint Leo School & Parish  
7th & 8th Graders are invited to...  
**YOUTH MINISTRY MOVIE NIGHT**  
Saturday, March 13th @ Weber Center  
6:30pm to 9:00pm*

*Nachos, popcorn, hot dogs, candy & soda will be served!  
So start your engines... hold onto your seat... and  
get ready for a great time!*

*Please RSVP @ [youth\\_ministry@stleos.org](mailto:youth_ministry@stleos.org) or 394-1035*

**CLEARANCED CHAPERONES ARE NEEDED**  
*Please contact Mary Ellen Reitmeyer*



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**SAINT LEO THE GREAT YOUTH MINISTRY  
PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM  
Youth in 7th-8th Grades**

**DEADLINE: March 13, 2010**

Participant's Name \_\_\_\_\_ Birth \_\_\_\_\_  
Date \_\_\_\_\_

To Whom It May Concern: \_\_\_\_\_ do hereby request that  
I, parent or guardian of \_\_\_\_\_ he/she be permitted to attend "Dinner & a Movie" on Saturday, March 13, 2010. My child  
will meet in the Weber Activity Center @ 6:30pm and I will pick up my child at 9:00pm.  
**We will need adult chaperones with clearances.**  
Mary Ellen Reitmeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable  
and appropriate measures will be made to minimize the risk of injury and/or accident.  
I hereby grant my consent for staff members and/or adult volunteers under whose  
auspices the program is conducted, to secure all necessary emergency medical care and/or  
treatment that may be necessary for my child during the entire event including the trip to and  
from their destination, if provided by a staff member or adult volunteer. I further assume all  
responsibility for the decisions so made, and the emergency care or treatment so secured, in  
the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the  
event is conducted, the group sponsoring the event, nor any person or affiliate organization  
associated with the event, responsible or liable. In case of accident or serious illness, I request  
the Parish to contact me (or person named below). If the Parish is unable to reach me, I  
hereby authorize the Parish to make whatever arrangements seen necessary. I authorize  
EMERGENCY medical treatment to be given to my child.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Do you have hospital insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Company and Policy or Group Number \_\_\_\_\_

If you participate in an HMO, please list the provided and telephone number \_\_\_\_\_

Provider \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical or other ailment and/or allergies? \_\_\_\_\_  
In Emergency, if I cannot be reached, contact: \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Phone \_\_\_\_\_

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